

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Burlington High School	Date 09/14/2017	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/06/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 123 Cambridge St., BURLINGTON, MA 01803	Risk Level Medium	Permit No. 000244	
Telephone (781) 270-1885			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Mary Lou Govoni	Time In: 9:00 AM Out: 9:55 AM		
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0 Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1 PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2 Reporting of Diseases by Food Employee and PIC

☐ 3 Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4 Food and Water from Approved Source

☐ 5 Receiving/Condition

☐ 6 Tags/Records/Accuracy of Ingredient Statements

☐ 7 Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8 Separation/Segregation/Protection

☐ 9 Food Contact Surfaces Cleaning and Sanitizing

☐ 10 Proper Adequate Handwashing

☐ 11 Good Hygienic Practices

☐ 12 Prevention of Contamination from Hands

☐ 13 Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14 Approved Food or Color Additives

☐ 15 Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16 Cooking Temperatures

☐ 17 Reheating

☐ 18 Cooling

☐ 19 Hot and Cold Holding

☐ 20 Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21 Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22 Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23 Management and Personnel	590.003
		24 Food and Food Protection	590.004
		25 Equipment and Utensils	590.005
		26 Water, Plumbing, and Waste	590.006
	X	27 Physical Facility	590.007
		28 Poisonous or Toxic Materials	590.008
		29 Special Requirements	590.009
		30 Other	BOH Regulation
		31 Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page 1 of 2 Pages
PIC's Signature: <i>Mary Lou Govoni</i>	Print: Mary Lou Govoni	

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Establishment Name: Burlington High School

Date: 09/14/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	590.007		Light shields missing on three fluorescent lights inside food, dry storage room, provide. Note: light shield on order for light bulb inside walk-in ref. unit.	
Discussion With Person in Charge:			Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Hand wash sink stocked and working, ware wash sink (quats) 200 PPM, test kit present, equipment working, temperature of turkey ham 40F (inside walk-in)			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input checked="" type="checkbox"/> Other: As noted

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Burlington High School	Date 02/05/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 09/14/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 123 Cambridge St , BURLINGTON, MA 01803	Risk Level Medium	Permit No. 000244	
Telephone (781) 270-1885			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Marylou Govoni	Time In: 9:05 AM Out: 10:10 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐

Tobacco 590.009 (F) ☐

Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS☐ 0 Chemical-Test**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (PHFs)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.



C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
	X	27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 03/01/2018

Inspector's Signature: 	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Marylou Govoni	

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Establishment Name: Burlington High School

Date: 02/05/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC 6-501.11		Ceiling tiles missing in storage room, provide.	
27	FC 6-501.12		Dust buildup on fan in walkin, clean	
Discussion With Person in Charge: Temperatures in compliance. taco beef 168F, smoothie 40F. Three bay sanitizer 200ppm quats. Handsink in compliance. Restroom in compliance.			Corrective Action Required: <input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	
			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:	

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FOOD ESTABLISHMENT INSPECTION REPORT

Name Burlington High School	Date 03/01/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No. 000244	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date: 02/05/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 123 Cambridge St, BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1885			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Marylou Govoni	Time In: 9:15 AM Out: 9:25 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

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Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

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EMPLOYEE HEALTH

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TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

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☐ 21. Food and Food Preparation for HSP

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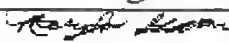
C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
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DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: Samantha Hardy	Page 1 of 2 Pages
PIC's Signature: 	Print: Marylou Govoni	

BURLINGTON BOARD OF HEALTH

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Establishment Name: Burlington High School

Date: 03/01/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
All violations corrected.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS

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FOOD ESTABLISHMENT INSPECTION REPORT

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Address 123 Cambridge St., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1885			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Mary Lou Govoni	Time In: 9:35 AM Out: 10:10 AM	Permit No. 000244	
Inspector Samantha Hardy			

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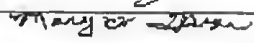
C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
	X	25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

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DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: Samantha Hardy	Page 1 of 2 Pages
PIC's Signature: 	Print: Mary Lou Govoni	

BURLINGTON BOARD OF HEALTH

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Establishment Name: Burlington High School

Date: 09/20/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
25	FC 4-602.13		Drawers soiled on bottom, clean. COS Handles of storage unit near grill sticky, clean. COS	
Discussion With Person in Charge:			Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Temperatures in compliance: cooked hamburger 36F. Employee restroom stocked Handsinks stocked Three bay sanitizer 400ppm quats			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input checked="" type="checkbox"/> Other: Corrected on Site	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspection Report

Name: Burlington High School	Date 03/14/2019	Type of Operation(s) <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab <input checked="" type="checkbox"/> Other School	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 123 Cambridge St., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 270-1885			
Owner: Burlington Public Schools	HACCP		
Person-In-Charge: Mary Lou Govoni	Time In: 8:45 AM Out: 10:15 AM		
Inspector: Samantha Hardy			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-Inspection
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
Employee Health								17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					Time/Temperature Control for Safety							
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	(IN)	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O		
Good Hygienic Practices								20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/A				21	Proper hot holding temperature	IN	OUT	N/A	(N/O)		
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/A				22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
Preventing Contamination by Hands								23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
8	Hands clean & properly washed	(IN)	OUT	N/A				24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			Consumer Advisory							
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
Approved Source								Highly Susceptible Populations							
11	Food obtained from approved source	(IN)	OUT					26	Pasteurized foods used, prohibited foods not offered	(IN)	OUT	N/A			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			Food/Color Additives and Toxic Substances							
13	Food received in good condition, safe & unadulterated	(IN)	OUT					27	Food additives: approved & properly used	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
Conformance with Approved Procedures								Conformance with Approved Procedures							
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-In-Charge: Mary Lou Govoni	Date: 03/14/2019
Signature of Inspector: Samantha Hardy	Date: 03/14/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Burlington High School					Date: 03/14/2019					Page 2 of 3				
GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS														
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation														
Compliance Status				OUT	COS	R	Compliance Status				OUT	COS	R	
Safe Food and Water						Utensils, Equipment and Vending								
30	Pasteurized eggs used where required					48	Warewashing facilities: installed, maintained & used; test strips							
31	Water & ice from approved source					49	Non-food contact surfaces clean							
32	Variance obtained for specialized processing methods					Physical Facilities								
Food Temperature Control						50	Hot & cold water available; adequate pressure							
33	Proper cooling methods used; adequate equipment for temperature control					51	Plumbing installed; proper backflow devices							
34	Plant food properly cooked for hot holding					52	Sewage & waste water properly disposed							
35	Approved thawing methods used					53	Toilet facilities: properly constructed, supplied & cleaned							
36	Thermometers provided & accurate					54	Garbage & refuse properly disposed; facilities maintained							
Food Identification						55	Physical facilities installed, maintained & clean							
37	Food properly labeled; original container					56	Adequate ventilation & lighting; designated areas used							
Prevention of Food Contamination						Additional Requirements listed in 105 CMR 590.011								
38	Insects, rodents & animals not present					M1	Anti-choking procedure in food service establishments							
39	Contamination prevented during food preparation, storage and display					M2	Food allergy awareness							
40	Personal cleanliness					Review of Retail Operations listed in 105 CMR 590.010								
41	Wiping cloths: properly used & stored					M3	Caterer							
42	Washing fruits & vegetables					M4	Mobile Food Operation							
Proper Use of Utensils						M5	Temporary Food Establishment							
43	In-use utensils properly stored					M6	Public Market; Farmers Market							
44	Utensils, equipment & linens: properly stored, dried & handled					M7	Residential Kitchen; Bed-and-Breakfast Operation							
45	Single-use/single-service articles: properly stored & used					M8	Residential Kitchen; Cottage Food Operation							
46	Gloves used properly					M9	School Kitchen; USDA Nutrition Program							
Utensils, Equipment and Vending						M10	Leased Commercial Kitchen							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used					M11	Innovative Operation							
Local Requirements						L1	CFPM open to close							
Local Requirements						L2	Grease Trap Regulations							

Signature of Person-in-Charge Mary Lou Govoni <i>Mary Lou Govoni</i>	Date: 03/14/2019
Signature of Inspector: Samantha Hardy <i>Samantha Hardy</i>	Date: 03/14/2019

MDPH report form - 10/5/18 version

Food Establishment Inspection Report - Town of Burlington, MA



Establishment: Burlington High School	Date: 03/14/2019	Page 3 of 3
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken/oven	174°F	Chicken/Walk-In Cooler	33°F		

Item Number	Section of Code	Description of Violation
-------------	-----------------	--------------------------

Discussion with Person-in-Charge:

Signature of Person-in-Charge: Mary Lou Govoni		Date: 03/14/2019
Signature of Inspector: Samantha Hardy		Date: 03/14/2019

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Fox Hill School	Date 09/07/2017	Type of Operation(s)	Type of Inspection
Address 1 Fox Hill Rd, BURLINGTON, MA 01803	Risk Level Medium	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/08/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Telephone (781) 270-1793	HACCP	Permit No. 000246	
Owner Burlington Public Schools	Time In: 11:55 AM Out: 12:30 PM		
Person in Charge (PIC) Donna Mason			
Inspector Randall S. Phelps			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

10. Chemical-Test

FOOD PROTECTION MANAGEMENT

11. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

12. Reporting of Diseases by Food Employee and PIC

13. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

14. Food and Water from Approved Source

15. Receiving/Condition

16. Tags/Records/Accuracy of Ingredient Statements

17. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

18. Separation/Segregation/Protection

19. Food Contact Surfaces Cleaning and Sanitizing

20. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices
- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

14. Approved Food or Color Additives

15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

16. Cooking Temperatures

17. Reheating

18. Cooling

19. Hot and Cold Holding

20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21. Food and Food Preparation for HSP

CONSUMER ADVISORY

22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

	N		
<input type="checkbox"/>		23. Management and Personnel	590.003
<input type="checkbox"/>		24. Food and Food Protection	590.004
<input type="checkbox"/>		25. Equipment and Utensils	590.005
<input type="checkbox"/>		26. Water, Plumbing, and Waste	590.006
<input type="checkbox"/>		27. Physical Facility	590.007
<input type="checkbox"/>		28. Poisonous or Toxic Materials	590.008
<input type="checkbox"/>		29. Special Requirements	590.009
<input type="checkbox"/>		30. Other	BOH Regulation
<input type="checkbox"/>		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Randall S. Phelps	Page 1 of 2 Pages
Owner's Signature:	Print: Donna Mason	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 09/07/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
No violations noted. New walk in freezer and cooler. Old walk in used as equipment storage. Holding temperatures all within regulations. Kitchen needs better air circulation and ventilation to mitigate humidity.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Fox Hill School	Date 02/12/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 09/07/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level Medium	Permit No. 000246	
Telephone (781) 270-1793			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Donnalee L. Mason	Time In: 10:30 AM Out: 11:00 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐
PROTECTION FROM CHEMICALS☐ 0. Chemical-Test**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (PHFs)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories**Violations Related to Good Retail Practices (Blue Items)**

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.


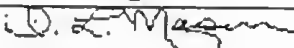
C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 03/01/2018

Inspector's Signature: 	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Donnalee L. Mason	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 02/12/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC 6-501.12		Hood vents soiled with dust buildup, clean. Ceiling vents soiled with dust buildup, clean.	

Discussion With Person in Charge:

Three bay sanitizer 200ppm quats. Handsink in compliance. Restroom in compliance. Temperatures in compliance: cheese 37F. All frozen foods frozen solid.

Corrective Action Required:

☐ No ☒ Yes

☐ Voluntary Compliance

☒ Re-Inspection Scheduled

☐ Embargo

☐ Voluntary Disposal

☐ Employee Restriction / Exclusion

☐ Emergency Suspension

☐ Emergency Closure

☐ Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Fox Hill School	Date 03/01/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date: 02/12/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1793			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Donnalee L. Mason	Time In: 9:40 AM Out: 9:50 AM		
Inspector Samantha Hardy		Permit No. 000246	

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature:	Print: Donnalee L. Mason	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 03/01/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge: All violations corrected.			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:	

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Fox Hill School	Date 09/18/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No. 000246	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/01/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1793			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Donnalee Mason	Time In: 9:05 AM Out: 9:50 AM		
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices
- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
	X	25. Equipment and Utensils	590.005
	X	26. Water, Plumbing, and Waste	590.006
X	X	27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 10/02/2018

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>D. Mason</i>	Print: Donnalee Mason	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Fox Hill School

Date: 09/18/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
25	FC 4-602.13		Two portable fan units very dusty, clean.	
25	FC 4-501.11		Hood filter out of place, replace so it stays in place when unit is turned on. CORRECTED ON SITE.	
26	FC 5-501.113		Outside dumpster unit found open, close lids after each use. CORRECTED ON SITE	
27	FC 6-501.12		Dust, cobwebs, soils found on floor under shelves inside food/paper storage room, clean.	
27	FC 6-501.111*	C	Mouse droppings found on floor under shelf where chemicals are stored (next to walk-in ref. unit), contact pest control service so they can treat area then clean to remove droppings. Provide a copy of pest control service report.	

Discussion With Person in Charge: Note: new serving line installed over summer. Found in compliance this day; hand wash sink (1 on site), stocked and working, temp. canned pears cold holding 37F, temp. packaged sliced cheese (temp. taken between unopened packages) 37F, warewash sink (quats) 200 PPM, milk carton ref. unit 32F (air temp.).	Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:
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THE COMMONWEALTH OF MASSACHUSETTS
BURLINGTON BOARD OF HEALTH
 61 Center Street, Burlington, MA 01803
 Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Fox Hill School	Date 10/02/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date: 09/18/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level 2	Permit No. 000246	
Telephone (781) 270-1793	HACCP		
Owner Burlington Public Schools	Time In: 9:30 AM Out: 9:45 AM		
Person in Charge (PIC) Donnalee Mason			
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)
 Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

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☐ 8. Separation/Segregation/Protection

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- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)
 Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>D. L. Mason</i>	Print: Donnalee Mason	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Date: 10/02/2018

Page: 2 of 2

Establishment Name: Fox Hill School

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Discussion With Person in Charge: All violations corrected, copy of pest control service report obtained, droppings were removed.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspection Report

Name: Fox Hill School	Date: 03/12/2019	Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 1 Fox Hill Rd., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 270-1793			
Owner: Burlington Public Schools	HACCP		
Person-in-Charge: Donnalee Mason	Time In: 9:00 AM Out: 9:30 AM		
Inspector: Marlene Johnson			
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0
Date of Re-Inspection:			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status	IN	OUT	N/A	N/O	COS	R	Compliance Status	IN	OUT	N/A	N/O	COS	R
Supervision							Protection from Contamination						
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT				15	Food separated and protected	(IN)	OUT	N/A	N/O	
2	Certified Food Protection Manager	(IN)	OUT	N/A			16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A		
Employee Health							17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT			
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT				Time/Temperature Control for Safety						
4	Proper use of restriction and exclusion	(IN)	OUT				18	Proper cooking time & temperatures	IN	OUT	N/A	(N/O)	
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT				19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O	
Good Hygienic Practices							20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)	
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT	N/O			21	Proper hot holding temperature	IN	OUT	N/A	(N/O)	
7	No discharge from eyes, nose and mouth	(IN)	OUT	N/O			22	Proper cold holding temperature	(IN)	OUT	N/A	N/O	
Preventing Contamination by Hands							23	Proper date marking and disposition	(IN)	OUT	N/A	N/O	
8	Hands clean & properly washed	(IN)	OUT	N/O			24	Time as a Public Health Control	IN	OUT	(N/A)	N/O	
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O		Consumer Advisory						
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT				25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)		
Approved Source							Highly Susceptible Populations						
11	Food obtained from approved source	(IN)	OUT				26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)		
12	Food received at proper temperature	IN	OUT	N/A	(N/O)		Food/Color Additives and Toxic Substances						
13	Food received in good condition, safe & unadulterated	(IN)	OUT				27	Food additives: approved & properly used	IN	OUT	(N/A)		
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O		28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A		
Conformance with Approved Procedures							29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)		

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Donnalee Mason	Date: 03/12/2019
Signature of Inspector: Marlene Johnson	Date: 03/12/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Fox Hill School Date: 03/12/2019 Page 2 of 3

GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS

An "X" in box indicates numbered item is not in compliance, An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation

Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R
Safe Food and Water					Utensils, Equipment and Vending				
30	Pasteurized eggs used where required				48	Warewashing facilities: installed, maintained & used; test strips			
31	Water & ice from approved source				49	Non-food contact surfaces clean			
32	Variance obtained for specialized processing methods				Physical Facilities				
Food Temperature Control					50	Hot & cold water available; adequate pressure			
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices			
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed			
35	Approved thawing methods used				53	Toilet facilities: properly constructed, supplied & cleaned			
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained			
Food Identification					55	Physical facilities installed, maintained & clean			
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used			
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011				
38	Insects, rodents & animals not present				M1	Anti-choking procedure in food service establishments			
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness			
40	Personal cleanliness				Review of Retail Operations listed in 105 CMR 590.010				
41	Wiping cloths: properly used & stored				M3	Caterer			
42	Washing fruits & vegetables				M4	Mobile Food Operation			
Proper Use of Utensils					M5	Temporary Food Establishment			
43	In-use utensils properly stored				M6	Public Market; Farmers Market			
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation			
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation			
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program			
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen			
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation			
					Local Requirements				
					L1	CFPM open to close			
					L2	Grease Trap Regulations			

Signature of Person-In-Charge: Donna Lee Mason Date: 03/12/2019
 Signature of Inspector: Marlene Johnson Date: 03/12/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Fox Hill School Date: 03/12/2019 Page 3 of 3

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cheese/Walk-In Cooler	36F°F	/			

Item Number	Section of Code	Description of Violation
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Discussion with Person-in-Charge:

Signature of Person-in-Charge: *Donnalee Mason* Date: 03/12/2019
Signature of Inspector: *Marlene Johnson* Date: 03/12/2019

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Francis Wyman School	Date 09/07/2017	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/06/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 41 Terrace Hall Ave., BURLINGTON, MA 01803	Risk Level Medium	HACCP	
Telephone (781) 270-1704		Time In: 10:00 AM Out: 10:45 AM	Permit No. 000247
Owner Burlington Public Schools			
Person in Charge (PIC) Carol Ciampa			
Inspector Randall S. Phelps			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0 Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4 Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7 Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8 Separation/Segregation/Protection

☐ 9 Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12 Prevention of Contamination from Hands

☐ 13 Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16 Cooking Temperatures

☐ 17 Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-

critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Randall S. Phelps	Page 1 of 2 Pages
PIC's Signature:	Print: Carol Ciampa	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Francis Wyman School

Date: 09/07/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Clean facility No rodent activity noticed Good usage of temperature and sanitizer logs No violations noted.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS
BURLINGTON BOARD OF HEALTH
 61 Center Street, Burlington, MA 01803
 Ph: (781) 270-1955 • Fax: (781) 273-7687

Feb 6,
2018

FOOD ESTABLISHMENT INSPECTION REPORT

Name Francis Wyman School	Date 02/06/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/05/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 41 Terrace Hall Ave, BURLINGTON, MA 01803	Risk Level Medium		
Telephone (781) 270-1704		Permit No. 000247	
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Carol Ciampa	Time In: 10:05 AM Out: 10:45 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0 Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices
- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

- ☐ 16. Cooking Temperatures
- ☐ 17. Reheating
- ☐ 18. Cooling
- ☐ 19. Hot and Cold Holding
- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Samantha Hardy	Page 1 of 2 Pages
PIC's Signature:	Print: Carol Ciampa	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Francis Wyman School

Date: 02/06/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Handsinks in compliance Restroom in compliance Storage organized Frozen foods frozen solid Temperatures in compliance: mozzarella cheese 39F. Three bay sanitizer 500ppm quats, PIC added water to dilute to 200ppm. Warewash machine not in use			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input checked="" type="checkbox"/> Other: Corrected on Site

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Francis Wyman School	Date 09/18/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/06/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 41 Terrace Hall Ave., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1704			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Patrice Wolk	Time In: 10:50 AM Out: 11:45 AM		
Inspector Marlene Johnson	Permit No. 000247		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices
- ☐ 12. Prevention of Contamination from Hands
- ☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives
- ☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

- ☐ 16. Cooking Temperatures
- ☐ 17. Reheating
- ☐ 18. Cooling
- ☒ 19. Hot and Cold Holding
- ☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
	X	30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 10/02/2018

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Patrice Wolk</i>	Print: Patrice Wolk	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Francis Wyman School

Date: 09/18/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
19	FC 3-501.16	R	Temp. potato patties 120F - 131 F (warmer closest to hand wash sink) and potato patties 110F (warmer closest to small tabletop mixer), maintain food requirement temperature control for safety (TCS) at or above 135F. Check food temperatures for the rest of week, have unit repaired if necessary. Lunch period is 2 hours, discard TCS foods out of temperature control if not sold after last lunch period.	
27	FC 6-501.111*	C	Mouse droppings found under shelves and behind water heater in paper storage room, contact pest control for service then clean to remove dust, cobwebs, mouse droppings and soils throughout this room. Mouse droppings also found in old unused warewash (dish wash) room under shelves and equipment, contact pest control for service then clean floor throughout.	
30	FC 2-101.11(4)		Food permit posted but it covers the certified food protection manager (CFPM) certificate, post separate so both can be seen.	

Discussion With Person in Charge: Found in compliance: temp. sausage patties 166F, 158F, packaged sliced cheese (between unopened package) 39F, hand wash sink (1 on site) stocked and working, warewash sink (quats) 200 PPM.	Corrective Action Required: <input type="checkbox"/> Voluntary Compliance <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:
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BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspection Report

Name: Francis Wyman School	Date 03/12/2019	Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 41 Terrace Hall Ave., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 270-1704			
Owner: Burlington Public Schools	HACCP		
Person-in-Charge: Carol Ciampa	Time In: 11:00 AM Out: 11:45 AM		
Inspector: Marlene Johnson			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	2	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-Inspection:
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	IN	OUT				X	15	Food separated and protected	IN	OUT	N/A	N/O		
2	Certified Food Protection Manager	IN	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	IN	OUT	N/A			
Employee Health								17	Proper disposition of returned, previously served, reconditioned & unsafe food	IN	OUT				
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	IN	OUT					Time/Temperature Control for Safety							
4	Proper use of restriction and exclusion	IN	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	IN	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	N/O		
Good Hygienic Practices								20	Proper cooling time and temperature	IN	OUT	N/A	N/O		
6	Proper eating, tasting, drinking or tobacco use	IN	OUT	N/A				21	Proper hot holding temperature	IN	OUT	N/A	N/O	X	
7	No discharge from eyes, nose and mouth	IN	OUT	N/A				22	Proper cold holding temperature	IN	OUT	N/A	N/O		
Preventing Contamination by Hands								23	Proper date marking and disposition	IN	OUT	N/A	N/O		
8	Hands clean & properly washed	IN	OUT	N/A				24	Time as a Public Health Control	IN	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	IN	OUT	N/A	N/O			Consumer Advisory							
10	Adequate handwashing sinks, properly supplied and accessible	IN	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	N/A			
Approved Source								Highly Susceptible Populations							
11	Food obtained from approved source	IN	OUT					26	Pasteurized foods used, prohibited foods not offered	IN	OUT	N/A			
12	Food received at proper temperature	IN	OUT	N/A	N/O			Food/Color Additives and Toxic Substances							
13	Food received in good condition, safe & unadulterated	IN	OUT					27	Food additives: approved & properly used	IN	OUT	N/A			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	N/A	N/O			28	Toxic substances properly identified, stored & used	IN	OUT	N/A			
Conformance with Approved Procedures								Conformance with Approved Procedures							
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	N/A			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Carol Ciampa	Date: 03/12/2019
Signature of Inspector: Marlene Johnson	Date: 03/12/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Francis Wyman School					Date: 03/12/2019					Page 2 of 3				
GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS														
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation														
Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R					
Safe Food and Water					Utensils, Equipment and Vending									
30	Pasteurized eggs used where required				48	Warewashing facilities: installed, maintained & used; test strips								
31	Water & ice from approved source				49	Non-food contact surfaces clean								
32	Variance obtained for specialized processing methods				Physical Facilities									
Food Temperature Control					50	Hot & cold water available; adequate pressure								
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices								
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed								
35	Approved thawing methods used				53	Toilet facilities: properly constructed, supplied & cleaned								
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained								
Food Identification					55	Physical facilities installed, maintained & clean								
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used								
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011									
38	Insects, rodents & animals not present				M1	Anti-choking procedure in food service establishments								
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness								
40	Personal cleanliness				Review of Retail Operations listed in 105 590.010									
41	Wiping cloths: properly used & stored				M3	Caterer								
42	Washing fruits & vegetables				M4	Mobile Food Operation								
Proper Use of Utensils					M5	Temporary Food Establishment								
43	In-use utensils properly stored				M6	Public Market; Farmers Market								
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation								
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation								
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program								
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen								
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation								
					Local Requirements									
					L1	CFPM open to close								
					L2	Grease Trap Regulations								

Signature of Person-in-Charge: Carol Ciampa

Signature of Inspector: Marlene Johnson

Date: 03/12/2019

Date: 03/12/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Francis Wyman School	Date: 03/12/2019	Page 3 of 3
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
chicken nugget/Hot-Hold Unit	119F°F	chicken nugget/Other hot hold unit	136F°F	French fries/Hot-Hold Unit	111F°F
Potato puff/Hot-Hold Unit	109F°F	Butter/Walk-In Cooler	36F°F		

Item Number	Section of Code	Description of Violation
1	2-102.11	PIC tasted French fry to determine if hot enough, PIC instructed to use food thermometer.
21	3-501.16(A)(1)	Chicken nuggets found at 119F, potato puffs 111F (inside warming cabinet located by tabletop mixer. French fries found at 109F (inside warming cabinet located by 2 door True ref. unit). It was observed employees were serving the hot food directly from the hot holding cabinets instead of utilizing the steam tables. Opening the cabinets introduces cool air which causes hot food to decrease in temperature. T Keep temperature control for safety (TCS) foods hot at or above 135F. Use appropriate equipment when serving food. PIC reheated out of temperature foods in the oven to 165F.

Discussion with Person-in-Charge: Post most recent food inspection report with food permit as required for school foodservice. Sanitizer water was cold, keep sanitizer water between 75F - 110F.

Signature of Person-in-Charge: Carol Ciampa 	Date: 03/12/2019
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Signature of Inspector: Marlene Johnson 	Date: 03/12/2019
---	------------------

0814 #1

THE COMMONWEALTH OF MASSACHUSETTS
BURLINGTON BOARD OF HEALTH
 61 Center Street, Burlington, MA 01803
 Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Marshall Simonds Middle School	Date 09/14/2017	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/07/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 114 Winn St, BURLINGTON, MA 01803	Risk Level Medium		
Telephone (781) 270-1771			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Kristine Libby	Time In: 10:05 AM Out: 10:55 AM	Permit No. 000245	
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0 Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
	X	27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 09/26/2017

Inspector's Signature <i>Marlene Johnson</i>	Print Marlene Johnson	
PIC's Signature: <i>Kristine Libby</i>	Print: Kristine Libby	Page <u>1</u> of <u>2</u> Pages

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 09/14/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	590 007		Dust build up on wall and ceiling at kitchen entrance by hand wash sink next to produce prep sink, clean to remove Dust build up on many ceiling tiles and ceiling vents, clean	
Discussion With Person in Charge: Hand wash sinks stocked and working. ware wash sink (quats), 200 PPM, test kit present, mechanical dishwasher wash 156F, rinse 181F, equipment in working order food temperatures fried chicken at various hot holding units; 170F, 164f, 155F, 176F, 148F			Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction / Exclusion <input checked="" type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:	

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Marshall Simonds Middle School	Date 09/26/2017	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date 09/14/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 114 Winn St., BURLINGTON, MA 01803	Risk Level Medium		
Telephone (781) 270-1771		Permit No. 000245	
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Kristine Libby	Time In: 10:00 AM Out: 10:15 AM		
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel	590.003
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection	590.004
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils	590.005
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing, and Waste	590.006
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility	590.007
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials	590.008
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements	590.009
<input type="checkbox"/>	<input type="checkbox"/>	30. Other	BOH Regulation
<input type="checkbox"/>	<input type="checkbox"/>	31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page 1 of 2 Pages
PIC's Signature: <i>Kristine Libby</i>	Print: Kristine Libby	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 09/26/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Dust was removed from ceiling, ceiling vents and walls were needed.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Marshall Simonds Middle School	Date 02/27/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/26/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 114 Winn St, BURLINGTON, MA 01803	Risk Level 2	Permit No. 000245	
Telephone (781) 270-1771			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Kristine Libby	Time In: 9:15 AM Out: 9:45 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1 PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2 Reporting of Diseases by Food Employee and PIC

☐ 3 Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4 Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7 Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8 Separation/Segregation/Protection

☐ 9 Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12 Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14 Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16 Cooking Temperatures

☐ 17 Reheating

☐ 18 Cooling

☐ 19 Hot and Cold Holding

☐ 20 Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22 Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

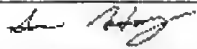
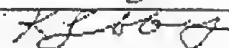
C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
X		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30 Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: Samantha Hardy	Page 1 of 2 Pages
PIC's Signature: 	Print: Kristine Libby	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 02/27/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
27	FC 6-501.112		Light shield has dead insects inside in dry storage room, remove. COS	

Discussion With Person in Charge:

Temperatures in compliance: cheese between packages 41F. Dishwasher wash 152F, rinse 184F. Three bay sink 200ppm quats. Handsinks in compliance. Employee restroom in compliance.

Corrective Action Required:

☐ No ☒ Yes

☐ Voluntary Compliance

☐ Employee Restriction / Exclusion

☐ Re-Inspection Scheduled

☐ Emergency Suspension

☐ Embargo

☐ Emergency Closure

☐ Voluntary Disposal

☒ Other: Corrected on Site

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Marshall Simonds Middle School	Date 09/25/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: 09/10/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 114 Winn St., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1771			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Kristine Libby	Time In: 10:10 AM Out: 10:40 AM	Permit No. 000245	
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illnesses Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

[] 1. Chemicals

FOOD PROTECTION MANAGEMENT

[] 2. Food Protection Management

EMPLOYEE HEALTH

[] 3. Employee Health

[] 4. Food Protection Management

FOOD FROM APPROVED SOURCE

[] 5. Food from Approved Source

[] 6. Food from Approved Source

[] 7. Food from Approved Source

[] 8. Food from Approved Source

PROTECTION FROM CONTAMINATION

[] 9. Protection from Contamination

[] 10. Protection from Contamination

[] 11. Protection from Contamination

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
	X	25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

[] 12. Protection from Contamination

[] 13. Protection from Contamination

[] 14. Protection from Contamination

PROTECTION FROM CHEMICALS

[] 15. Approved Food Color Additives

[] 16. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

[] 17. Cooling Temperature

[] 18. Hot Holding

[] 19. Cold Holding

[] 20. Time/Temperature Controls

[] 21. Time/Temperature Controls

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

[] 22. Food and Food Protection for HSP

CONSUMER ADVISORY

[] 23. Posting of Consumer Advisory

Number of Violated Provisions Related to Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature:	Print: Samantha Hardy	Page 1 of 2 Pages
PIC's Signature:	Print: Kristine Libby	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Marshall Simonds Middle School

Date: 09/25/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified	
25	FC 4-602.13		Ice machine soiled inside, corrected on site.		
Discussion With Person in Charge:			Corrective Action Required: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Temperatures in compliance: green bean 175F, mac n cheese 168F, hot dog 140F, cucumber 41F. Three bay sanitizer 200ppm quats. Handsinks in compliance. Employee restroom in compliance.			<input type="checkbox"/> Voluntary Compliance		<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-Inspection Scheduled		<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo		<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal		<input checked="" type="checkbox"/> Other: Corrected on Site

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: 781-270-1955 . Fax: 781-273-7687

Food Establishment Inspection Report

Name: <u>For Tolen Schools Marshall Smardis H.S.</u>	Date: <u>3/11/19</u>	Type of Operation(s): <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address: <u>114 Winn St.</u>	Risk Level		
Telephone: <u>781 270 1780</u>	HACCP Y/N		
Owner:	Time In: <u>8:45</u> Out: <u>9:55</u>		
Person-in-charge: <u>Karen Damaso</u>			
Inspector: <u>Serranthe Hardy</u>			

Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>	Date of Re-Inspection: <u>N/A</u>
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge, and performs duties	✓						15	Food separated and protected	✓					
2	Certified Food Protection Manager	✓						16	Food-contact surfaces; cleaned & sanitized	✓					
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	✓						17	Proper disposition of returned, previously served, reconditioned & unsafe food	✓					
4	Proper use of restriction and exclusion	✓						18	Proper cooking time & temperatures	✓					
5	Procedures for responding to vomiting and diarrheal events	✓						19	Proper reheating procedures for hot holding				✓		
Good Hygienic Practices								20	Proper cooling time and temperature				✓		
6	Proper eating, tasting, drinking, or tobacco use	✓						21	Proper hot holding temperature				✓		
7	No discharge from eyes, nose, and mouth	✓						22	Proper cold holding temperature	✓					
Preventing Contamination by Hands								23	Proper date marking and disposition	✓					
8	Hands clean & properly washed	✓						24	Time as a Public Health Control			✓			
9	No bare hand contact with ready-to-eat food	✓						Consumer Advisory							
10	Adequate handwashing sinks properly supplied and accessible	✓						25	Consumer advisory provided for raw / undercooked food			✓			
Approved Source								Highly Susceptible Populations							
11	Food obtained from approved source	✓						26	Pasteurized foods used; prohibited foods not offered			✓			
12	Food received at proper temperature	✓						Food/Color Additives and Toxic Substances							
13	Food received in good condition, safe, & unadulterated	✓						27	Food additives: approved & properly used			✓			
14	Required records available: shellstock tags, parasite destruction	✓						28	Toxic substances properly identified, stored & used	✓					
								Conformance with Approved Procedures							
								29	Compliance with variance / specialized process / HACCP Plan			✓			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: <u>Karen Damaso</u>	Date: <u>3/11/19</u>
Signature of Inspector: <u>Serranthe Hardy</u>	Date: <u>3/11/19</u>

Food Establishment Inspection Report – Town of Burlington, MA

Establishment: <u>Burlington Schools Marshall Smardis H.S.</u>	Date: <u>3/11/19</u>	Page 2 of <u>3</u>
GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS		
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required			✓			
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods			✓			
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control		✓				
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet facilities: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment		✓				
M2	Food allergy awareness		✓				
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen; Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	CFPM Open to Close		✓				
L2	Grease Trap Regulations		✓				

Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>3/11/19</u>
Signature of Inspector: <u>A. Hy</u>	Date: <u>3/11/19</u>

Food Establishment Inspection Report – Town of Burlington, MA

Establishment: Burlington Schools, Marshall S. Hendricks MS Date: 3/11/19 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)
river	30				

[illegible]

Signature of Person-in-Charge:

Date: 3/11/19

Signature of Inspector:

Date: 3/11/19

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Memorial School	Date 09/14/2017	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date 03/07/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address 125 Winn St. BURLINGTON, MA 01803	Risk Level Medium		
Telephone (781) 270-1723			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Christine Stevens	Time In: 10:45 AM Out: 11:15 AM		
Inspector Marlene Johnson	Permit No. 000248		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0 Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1 PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2 Reporting of Diseases by Food Employee and PIC

☐ 3 Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4 Food and Water from Approved Source

☐ 5 Receiving/Condition

☐ 6 Tags/Records/Accuracy of Ingredient Statements

☐ 7 Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8 Separation/Segregation/Protection

☐ 9 Food Contact Surfaces Cleaning and Sanitizing

☐ 10 Proper Adequate Handwashing

☐ 11 Good Hygienic Practices

☐ 12 Prevention of Contamination from Hands

☐ 13 Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14 Approved Food or Color Additives

☐ 15 Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16 Cooking Temperatures

☐ 17 Reheating

☐ 18 Cooling

☐ 19 Hot and Cold Holding

☐ 20 Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21 Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22 Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23 Management and Personnel	590.003
		24 Food and Food Protection	590.004
		25 Equipment and Utensils	590.005
		26 Water, Plumbing, and Waste	590.006
		27 Physical Facility	590.007
		28 Poisonous or Toxic Materials	590.008
		29 Special Requirements	590.009
		30 Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature <i>Marlene Johnson</i>	Print Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature <i>Christine Stevens</i>	Print Christine Stevens	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Memorial School

Date: 09/14/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Hand wash sinks stocked and working, equipment in working order, ware wash sink (quats), 200 PPM, test kit present, mechanical dishwasher wash 153F, rinse 184f, food temperatures, mashed potatoes 166F, fried chicken 184F, 185F, tunafish 39F			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Memorial School	Date 02/27/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No. 000248	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/26/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 125 Winn St., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1723			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Christine Stevens	Time In: 9:50 AM Out: 10:20 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-

critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

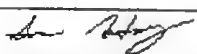
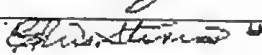
C	N		
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel	590.003
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection	590.004
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils	590.005
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing, and Waste	590.006
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility	590.007
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials	590.008
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements	590.009
<input type="checkbox"/>	<input type="checkbox"/>	30. Other	BOH Regulation
<input type="checkbox"/>	<input type="checkbox"/>	31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Christine Stevens	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Memorial School

Date: 02/27/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person In Charge:				
Temperatures in compliance. ham 29F, hotdog 161F, meatballs 182F. Dishwasher wash 152F, rinse 182F. Three bay sink 200ppm quats. Employee restroom in compliance. Handsinks in compliance			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Memorial School	Date 09/25/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast Permit No. 000248	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 09/10/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address 125 Winn St., BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1723			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Christine Stevens	Time In: 9:30 AM Out: 10:10 AM		
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

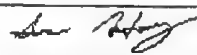
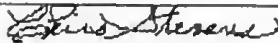
C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: 	Print: Samantha Hardy	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: 	Print: Christine Stevens	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Memorial School

Date: 09/25/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Temperatures in compliance: carrots 40F, green beans 33F, cheese sauce 174F. Dishwasher: wash 155F, rinse 182F. Three bay sanitizer 300ppm quats. Employee restroom in compliance. Handsinks in compliance.			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspection Report

Name: Memorial School	Date 03/13/2019	Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address: 125 Winn St., BURLINGTON, MA 01803	Risk Level 2		
Telephone: (781) 270-1723			
Owner: Burlington Public Schools	HACCP		
Person-in-Charge: Christine Stevens	Time In: 9:05 AM Out: 10:00 AM		
Inspector: Marlene Johnson			

Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):	0	Date of Re-Inspection:
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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
Employee Health								Time/Temperature Control for Safety							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	(IN)	OUT	N/A	N/O		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					19	Proper reheating procedures for hot holding	(IN)	OUT	N/A	N/O		
Good Hygienic Practices								Consumer Advisory							
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT		N/O			20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
7	No discharge from eyes, nose and mouth	(IN)	OUT		N/O			21	Proper hot holding temperature	(IN)	OUT	N/A	N/O		
Preventing Contamination by Hands								Highly Susceptible Populations							
8	Hands clean & properly washed	(IN)	OUT		N/O			22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
Approved Source								Food/Color Additives and Toxic Substances							
11	Food obtained from approved source	(IN)	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			Conformance with Approved Procedures							
13	Food received in good condition, safe & unadulterated	(IN)	OUT					27	Food additives: approved & properly used	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Christine Stevens	Date: 03/13/2019
Signature of Inspector: Marlene Johnson	Date: 03/13/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Memorial School				Date: 03/13/2019				Page 2 of 3			
GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS											
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation											
Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R		
Safe Food and Water					Utensils, Equipment and Vending						
30	Pasteurized eggs used where required				48	Warewashing facilities: installed, maintained & used; test strips					
31	Water & ice from approved source				49	Non-food contact surfaces clean					
32	Variance obtained for specialized processing methods				Physical Facilities						
Food Temperature Control					50	Hot & cold water available; adequate pressure					
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices					
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed					
35	Approved thawing methods used				53	Toilet facilities: properly constructed, supplied & cleaned					
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained					
Food Identification					55	Physical facilities installed, maintained & clean					
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used					
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011						
38	Insects, rodents & animals not present				M1	Anti-choking procedure in food service establishments					
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness					
40	Personal cleanliness				Review of Retail Operations listed in 105 CMR 590.010						
41	Wiping cloths: properly used & stored				M3	Caterer					
42	Washing fruits & vegetables				M4	Mobile Food Operation					
Proper Use of Utensils					M5	Temporary Food Establishment					
43	In-use utensils properly stored				M6	Public Market; Farmers Market					
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation					
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation					
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program					
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen					
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation					
Local Requirements					L1	CFPM open to close					
					L2	Grease Trap Regulations					

Signature of Person-in-Charge: Christine Stevens <i>Christine Stevens</i>	Date: 03/13/2019
Signature of Inspector: Marlene Johnson <i>Marlene Johnson</i>	Date: 03/13/2019

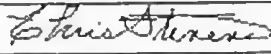

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Memorial School	Date: 03/13/2019	Page 3 of 3
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Meatball/Final cook temp.	166°F	Hotdog/Hot-Hold Unit	146°F	Ranch dressing/Cold-Hold Unit	39°F

Item Number	Section of Code	Description of Violation
-------------	-----------------	--------------------------

Discussion with Person-in-Charge: An under-counter high temperature mechanical dishwasher is used on site; provide an irreversible registering temperature indicator (hand out given) and test the mechanical dishwasher rinse temperature daily when used. If purchasing strips ensure you purchase strips for 160F testing. When strip turns black (or color indicated on strip) then rinse water is 160F inside machine and is in compliance. If using a maximum reading, waterproof thermometer; when temperature hits 160F or above inside the machine, then machine is in compliance.

Signature of Person-in-Charge: Christine Stevens 	Date: 03/13/2019
Signature of Inspector: Marlene Johnson 	Date: 03/13/2019

THE COMMONWEALTH OF MASSACHUSETTS
BURLINGTON BOARD OF HEALTH
 61 Center Street, Burlington, MA 01803
 Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 09/07/2017	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 03/08/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level Medium		
Telephone (781) 270-1714	HACCP		
Owner Burlington Public Schools	Time In: 11:45 AM Out: 12:30 PM	Permit No. 000249	
Person in Charge (PIC) Carol Keene			
Inspector Randall S. Phelps			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

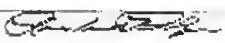
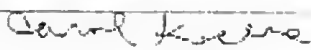
C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
		26. Water, Plumbing, and Waste	590.006
		27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature 	Print: Randall S. Phelps	Page 1 of 2 Pages
PIC's Signature 	Print: Carol Keene	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 09/07/2017

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge: Good cleanliness throughout. All certs and permits posted. Holding and storage within regulations. Good chemical storage procedures. No violations noted.			Corrective Action Required: <input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 02/12/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 09/07/2017 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level Medium		
Telephone (781) 270-1714	HACCP	Permit No. 000249	
Owner Burlington Public Schools	Time In: 9:45 AM Out: 10:15 AM		
Person in Charge (PIC) Kathleen Gillingham			
Inspector Samantha Hardy			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel	590.003
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection	590.004
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils	590.005
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing, and Waste	590.006
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility	590.007
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials	590.008
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements	590.009
<input type="checkbox"/>	<input type="checkbox"/>	30. Other	BOH Regulation
<input type="checkbox"/>	<input type="checkbox"/>	31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Samantha Hardy</i>	Print: Samantha Hardy	Page 1 of 2 Pages
PIC's Signature: <i>Kathleen Gillingham</i>	Print: Kathleen Gillingham	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 02/12/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:				
Temperatures in compliance: cheese 41F, peas 204F. Handsink in compliance Restroom in compliance. All frozen foods frozen solid.			Corrective Action Required: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> Voluntary Compliance	<input type="checkbox"/> Employee Restriction / Exclusion
			<input type="checkbox"/> Re-Inspection Scheduled	<input type="checkbox"/> Emergency Suspension
			<input type="checkbox"/> Embargo	<input type="checkbox"/> Emergency Closure
			<input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Other

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 09/18/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 02/12/2018 <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1714			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Carol Keene	Time In: 10:00 AM Out: 10:45 AM	Permit No. 000249	
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
		23. Management and Personnel	590.003
		24. Food and Food Protection	590.004
		25. Equipment and Utensils	590.005
X		26. Water, Plumbing, and Waste	590.006
	X	27. Physical Facility	590.007
		28. Poisonous or Toxic Materials	590.008
		29. Special Requirements	590.009
		30. Other	BOH Regulation
		31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 10/02/2018

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Carol Keene</i>	Print: Carol Keene	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 09/18/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
26	FC 5-205.15*	C	Slow drain to hand wash sink in ladies restroom, repair.	
27	FC 6-501.12		Floor under shelves in food/paper storage room has cobwebs, dust and soils, clean.	
27	FC 6-501.113		Dumpster missing top cover on one half of unit, repair.	

Discussion With Person in Charge:

Note: during inspection this day, the walk-in ref. unit (in rear) was reading 53F, no TCS foods were inside, only prepackaged juice cups and bottled water inside until unit is repaired. Found in compliance: New walk-in ref. unit at 39F (air temp), temp. tomato 37F, temp. potato patty (hot holding) 141F, temp. sausage link (hot holding) 160F, handwash sink (1 on site) stocked and working, warewash sink (quats) 200 PPM.

Corrective Action Required:

☐ No ☒ Yes

☐ Voluntary Compliance

☒ Re-Inspection Scheduled

☐ Embargo

☐ Voluntary Disposal

☐ Employee Restriction / Exclusion

☐ Emergency Suspension

☐ Emergency Closure

☐ Other:

THE COMMONWEALTH OF MASSACHUSETTS

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

FOOD ESTABLISHMENT INSPECTION REPORT

Name Pine Glen School	Date 10/02/2018	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous inspection Date: 09/18/2018 <input checked="" type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address Pine Glen Way, BURLINGTON, MA 01803	Risk Level 2		
Telephone (781) 270-1714			
Owner Burlington Public Schools	HACCP		
Person in Charge (PIC) Carol Keene	Time In: 9:55 AM Out: 10:05 AM	Permit No. 000249	
Inspector Marlene Johnson			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:
 Anti-Choking 590.009 (E) ☐
 Tobacco 590.009 (F) ☐
 Allergen Awareness 590.009 (G) ☐

PROTECTION FROM CHEMICALS

☐ 0. Chemical-Test

FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (PHFs)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N		
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel	590.003
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection	590.004
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils	590.005
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing, and Waste	590.006
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility	590.007
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials	590.008
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements	590.009
<input type="checkbox"/>	<input type="checkbox"/>	30. Other	BOH Regulation
<input type="checkbox"/>	<input type="checkbox"/>	31. Grease Trap	BOH Regulation

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Marlene Johnson</i>	Print: Marlene Johnson	Page <u>1</u> of <u>2</u> Pages
PIC's Signature: <i>Carol Keene</i>	Print: Carol Keene	

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803

Ph: (781) 270-1955 • Fax: (781) 273-7687

Establishment Name: Pine Glen School

Date: 10/02/2018

Page: 2 of 2

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Date Verified
Discussion With Person in Charge:			Corrective Action Required:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
All violations corrected, lid to dumpster was repaired			<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Re-Inspection Scheduled <input type="checkbox"/> Embargo <input type="checkbox"/> Voluntary Disposal	<input type="checkbox"/> Employee Restriction / Exclusion <input type="checkbox"/> Emergency Suspension <input type="checkbox"/> Emergency Closure <input type="checkbox"/> Other:

BURLINGTON BOARD OF HEALTH

61 Center Street, Burlington, MA 01803
Ph: 781-270-1955 • Fax: 781-273-7687

Food Establishment Inspection Report

Name: Pine Glen School		Date: 03/12/2019	Type of Operation(s): <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other School	Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____		
Address: Pine Glen Way, BURLINGTON, MA 01803		Risk Level 2				
Telephone: (781) 270-1714						
Owner: Burlington Public Schools		HACCP				
Person-in-Charge: Carol Keene		Time In: 10:00 AM Out: 10:35 AM				
Inspector: Marlene Johnson						
Number of Violated Provisions Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):		0	Number of Repeat Violations Related to Foodborne Illnesses Risk Factors and Interventions (Items 1 through 29):		0	Date of Re-Inspection:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R	Compliance Status		IN	OUT	N/A	N/O	COS	R
Supervision								Protection from Contamination							
1	Person-in-charge present, demonstrates knowledge and performs duties	(IN)	OUT					15	Food separated and protected	(IN)	OUT	N/A	N/O		
2	Certified Food Protection Manager	(IN)	OUT	N/A				16	Food-contact surfaces: cleaned & sanitized	(IN)	OUT	N/A			
Employee Health								17	Proper disposition of returned, previously served, reconditioned & unsafe food	(IN)	OUT				
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting	(IN)	OUT					Time/Temperature Control for Safety							
4	Proper use of restriction and exclusion	(IN)	OUT					18	Proper cooking time & temperatures	IN	OUT	N/A	(N/O)		
5	Procedures for responding to vomiting and diarrheal events	(IN)	OUT					19	Proper reheating procedures for hot holding	IN	OUT	N/A	(N/O)		
Good Hygienic Practices								20	Proper cooling time and temperature	IN	OUT	N/A	(N/O)		
6	Proper eating, tasting, drinking or tobacco use	(IN)	OUT		N/O			21	Proper hot holding temperature	(IN)	OUT	N/A	N/O		
7	No discharge from: eyes, nose and mouth	(IN)	OUT		N/O			22	Proper cold holding temperature	(IN)	OUT	N/A	N/O		
Preventing Contamination by Hands								23	Proper date marking and disposition	(IN)	OUT	N/A	N/O		
8	Hands clean & properly washed	(IN)	OUT		N/O			24	Time as a Public Health Control	IN	OUT	(N/A)	N/O		
9	No bare hand contact with ready-to-eat food	(IN)	OUT	N/A	N/O			Consumer Advisory							
10	Adequate handwashing sinks, properly supplied and accessible	(IN)	OUT					25	Consumer advisory provided for raw/undercooked food	IN	OUT	(N/A)			
Approved Source								Highly Susceptible Populations							
11	Food obtained from approved source	(IN)	OUT					26	Pasteurized foods used, prohibited foods not offered	IN	OUT	(N/A)			
12	Food received at proper temperature	IN	OUT	N/A	(N/O)			Food/Color Additives and Toxic Substances							
13	Food received in good condition, safe & unadulterated	(IN)	OUT					27	Food additives: approved & properly used	IN	OUT	(N/A)			
14	Required records available: shellstock tags, parasite destruction	IN	OUT	(N/A)	N/O			28	Toxic substances properly identified, stored & used	(IN)	OUT	N/A			
								Conformance with Approved Procedures							
								29	Compliance with variance/specialized process/HACCP plan	IN	OUT	(N/A)			

Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Signature of Person-in-Charge: Carol Keene <i>Carol Keene</i>	Date: 03/12/2019
Signature of Inspector: Marlene Johnson <i>Marlene Johnson</i>	Date: 03/12/2019

Food Establishment Inspection Report - Town of Burlington, MA

Establishment: Pine Glen School					Date: 03/12/2019					Page 2 of 3				
GOOD RETAIL PRACTICES AND MASSACHUSETTS - ONLY SECTIONS														
An "X" in box indicates numbered item is not in compliance. An "X" in appropriate box for COS = corrected on site during the inspection and/or R = repeat violation														
Compliance Status		OUT	COS	R	Compliance Status		OUT	COS	R					
Safe Food and Water					Utensils, Equipment and Vending									
30	Pasteurized eggs used where required				48	Warewashing facilities: installed, maintained & used; test strips								
31	Water & Ice from approved source				49	Non-food contact surfaces clean								
32	Variance obtained for specialized processing methods				Physical Facilities									
Food Temperature Control					50	Hot & cold water available; adequate pressure								
33	Proper cooling methods used; adequate equipment for temperature control				51	Plumbing installed; proper backflow devices								
34	Plant food properly cooked for hot holding				52	Sewage & waste water properly disposed								
35	Approved thawing methods used	X	X		53	Toilet facilities: properly constructed, supplied & cleaned								
36	Thermometers provided & accurate				54	Garbage & refuse properly disposed; facilities maintained								
Food Identification					55	Physical facilities installed, maintained & clean								
37	Food properly labeled; original container				56	Adequate ventilation & lighting; designated areas used								
Prevention of Food Contamination					Additional Requirements listed in 105 CMR 590.011									
38	Insects, rodents & animals not present				M1	Anti-choking procedure in food service establishments								
39	Contamination prevented during food preparation, storage and display				M2	Food allergy awareness								
40	Personal cleanliness				Review of Retail Operations listed in 105 CMR 590.010									
41	Wiping cloths: properly used & stored				M3	Caterer								
42	Washing fruits & vegetables				M4	Mobile Food Operation								
Proper Use of Utensils					M5	Temporary Food Establishment								
43	In-use utensils properly stored				M6	Public Market; Farmers Market								
44	Utensils, equipment & linens: properly stored, dried & handled				M7	Residential Kitchen; Bed-and-Breakfast Operation								
45	Single-use/single-service articles: properly stored & used				M8	Residential Kitchen: Cottage Food Operation								
46	Gloves used properly				M9	School Kitchen; USDA Nutrition Program								
Utensils, Equipment and Vending					M10	Leased Commercial Kitchen								
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used				M11	Innovative Operation								
Local Requirements					L1	CFPM open to close								
					L2	Grease Trap Regulations								

Signature of Person-in-Charge: Carol Keene <i>Carol Keene</i>		Date: 03/12/2019
Signature of Inspector: Marlene Johnson <i>Marlene Johnson</i>		Date: 03/12/2019

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Establishment: Pine Glen School	Date: 03/12/2019	Page 3 of 3
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TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken finger/Hot-Hold Unit	170F°F	Uncut tomato/Cold-Hold Unit	40F°F		

Item Number	Section of Code	Description of Violation
35	3-501.13	Frozen chicken nuggets and potato smiles (smiliar to potato puffs) thawing at room temperature, thaw temperature control for safety (TCS) foods under refrigeration.

Discussion with Person-in-Charge:

Signature of Person-in-Charge: Carol Keene	<i>Carol Keene</i>	Date: 03/12/2019
Signature of Inspector: Marlene Johnson	<i>Marlene Johnson</i>	Date: 03/12/2019